



SIU MEDICINE

ORTHOPEDICS

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POST-OPERATIVE MENISCAL ROOT REPAIR

Diagnosis/Surgery: _____

PHASE 1: WEEKS 0-2

Goals:

1. Protect repair
2. Minimize pain, swelling
3. Begin passive ROM exercises

Brace/precautions:

1. 25% weight bearing with crutches, brace 0-90°
2. Can remove brace for hygiene and therapy

ROM:

1. Obtain full extension if lag is present
2. Passive knee flexion limited to 90°

Exercises/Strengthening:

1. Ankle pumps
2. Heel slides in brace
3. Quad recruitment
4. SLR in brace at 0° until quad can maintain knee locked
5. Patella mobilizations

PHASE 2: WEEKS 2-6

Goals:

1. Protect repair
2. Minimize pain/swelling
3. Progress ROM
4. Continue to restore quad recruitment

Brace/precautions:

1. 25% weight bearing with crutches, brace 0-90°
2. Can remove brace for hygiene and therapy

ROM:

1. Obtain full extension if lag is present
2. Passive knee flexion limited to 90°

Exercises/Strengthening:

1. Exercises as per phase 1
2. Stationary bike with seat high – lower seat height as tolerated until normal
3. Leg press with 25% BW max
4. Leg extensions within ROM restrictions – high volume, light weight

PHASE 3: WEEKS 6-12

Goals:

1. Full weight bearing
2. Encourage full knee ROM as tolerated
3. Normalize gait mechanics

Brace/precautions:

1. Begin gradual transition off crutches to full WBAT
2. D/c brace, can use neoprene sleeve if needed

ROM:

1. Restore and maintain full ROM

Exercises/Strengthening:

1. No pivoting, twisting, hopping, jumping, running
2. Progress PREs open/closed chain as tolerated
3. Treadmill forward and retro-walking
4. Single leg stands for proprioception
5. Cardiovascular training
6. Can start transitioning to exercises on affected leg after 8wks
7. Single leg squats after 8wks
8. Incorporate plyometrics at 10wks postop

PHASE 4: MONTHS 3-5

Goals:

1. Full ROM
2. Normal gait mechanics
3. Work on sport-specific drills

Brace/precautions:

1. None

ROM:

3. Maintain full ROM

Exercises/strengthening:

1. Continue as above
2. Plyometrics for speed and power
3. Work quad strength to within 15% or less of uninvolved leg
4. Full return to sport/work at 5 month mark

Elisabeth C. Robinson, MD

Date